STATE OF ALASKA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

STATE OF ALASKA

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT DIVISION OF INSURANCE

550 W. 7th AVENUE, SUITE 1560

ANCHORAGE, ALASKA 99501-3567

Order No. SR 02-09 (a))	Suspension of Certificate of
)	Authority No F-1268
In the Matter of)	Order under the Provisions
FIRST CONTINENTAL LIFE)	Of AS 21.09.140 (a) (2)
AND ACCIDENT INSURANCE)	
COMPANY)	
NAIC NO. 64696)	
	_)	

WHEREAS, a Certificate of Authority to transact the business of insurance in the State of Alaska was issued to FIRST CONTINENTAL LIFE AND ACCIDENT INSURANCE COMPANY, domiciled in the State of Utah.

STATE OF ALASKA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT DIVISION OF INSURANCE 550 W. 7th AVENUE, SUITE 1560 ANCHORAGE, ALASKA 99501-3567 PHONE: (907) 269-7900 FAX: (907) 269-7910 / TDD: (907) 465-5437

WHEREAS, the 2001 Annual Statement for FIRST CONTINENTAL

LIFE AND ACCIDENT INSURANCE COMPANY shows that the company
fails to meet the minimum Capital and Surplus requirement of AS 21.09.070 for
the kinds of insurance authorized.

IT IS HEREBY ORDERED, pursuant to the provision of AS 21.09.140 (a) (2) that Certificate of Authority No F- 1268 issued to FIRST CONTINENTAL LIFE AND ACCIDENT INSURANCE COMPANY to transact the business of insurance in the State of Alaska shall be suspended for a period of one year unless terminated sooner as permitted by statute. Pursuant to AS 21.09.160 (b), this suspension shall automatically suspend the authority of all its agents to act as agents of FIRST CONTINENTAL LIFE AND ACCIDENT INSURANCE COMPANY in this state.

IT IS FURTHER ORDERED, during the period of suspension, FIRST CONTINENTAL LIFE AND ACCIDENT INSURANCE COMPANY shall not solicit or write any new business in Alaska, but shall file the Annual Statement, pay fees and any taxes due as provided by AS 21.09.170 (b).

IT IS FURTHER ORDERED that Certificate of Authority No. F- 1268 will continue to be held in safekeeping by FIRST CONTINENTAL LIFE AND

STATE OF ALASKA
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE

ACCIDENT INSURANCE COMPANY until such time as this Order of Suspension is replaced by an Order of Revocation or the Certificate of Authority is surrendered.

This Order is effective the ______ day of May 2002

Dated this 21 day of May 2002.

ROBERT A. LOHR, DIRECTOR DIVISION OF INSURANCE